

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of Globe

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 181

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 94City of Premature 6 Mo. No. Gila County St. Home Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Baby Bay Osborne {If child is not yet named, make supplemental report, as directed.3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 4-29-26
Month Day Year8. FATHER
Full name Carl Osborne14. MOTHER
Full maiden name Ruth Prigyan9. Residence (Usual place of abode) Rice
If non-resident, give place and state.15. Residence (Usual place of abode) Rice
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 33 (Years)16. Color or race White 17. Age at last birthday 26 (Years)12. Birthplace (city or place) Kansas
(State or country)18. Birthplace (city or place) Globe Ariz
(State or country)13. Occupation
Nature of Industry Stockkeeper19. Occupation
Nature of Industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 p. m. on the date above stated
(Born alive or stillborn)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Dr. C. Hunter (Physician or midwife).
Address Globe ArizonaGiven name added from a supplemental report. Filed 4-30-26 R. W. Horst Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

Premature 6 Mo. 065-429-975